



TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Program

Application Process Checklist

Complete and submit the checklist below to verify that all required documents are enclosed with the application prior to sending:

1. Completed Certified Peer Recovery Specialist Application ☐ YES ☐ NO
 - Do not alter the application from its original format.
 - Type or write legibly in only black or blue ink.
 - Do not use nicknames or abbreviated forms of your legal name.
 - Do not use staples or paper clips because your application will be scanned into a digital format
2. Employment Summary or Volunteer Service Summary completed by supervisor ☐ YES ☐ NO
3. Three completed Letters of Professional Reference ☐ YES ☐ NO
4. Signed CPRS Code of Ethics ☐ YES ☐ NO
5. Signed CPRS Scope of Activities ☐ YES ☐ NO
6. Signed Conservator Status Form ☐ YES ☐ NO
7. Certificate of Completion of Tennessee's Certified Peer Recovery Specialist Training. ☐ YES ☐ NO

The above-completed checklist verifies that this application packet has been completed prior to its submission.

Your signature _____ Date _____

Your printed name _____

The three letters of Professional Reference must be sealed, signed and mailed separately. Other documents in the completed application packet should be faxed to **615-253-3920** (preferred method). It can also be scanned and emailed to cprs.tdmhsas@tn.gov or sent via U.S. mail to:

Office of Consumer Affairs and Peer Recovery Services
CPRS Certification Program
Department of Mental Health and Substance Abuse Services
5th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243